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Chapter 15 Part 1 Abnormal Psychology Disorders and Treatment

Intro Psychology (Yeshiva University)

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Chapter 15 Part 1—Abnormal Psychology: Disorders and Treatment
Abnormal Psychology: Disorders and Treatment

1. Which idea is central to the biopsychosocial model of mental illness?
   a. Any disorder results from a combination of influences.
   b. Three types of disorder occur, differing from one another in their causes.
   c. Biological causes are the most important, and social causes are the least important.
   d. Biological factors cause disorders, but psychological and social factors cure them.

ANSWER: a

2. Why are several disorders such as koro and running amok common in some cultures and not others?
   a. People copy abnormal behaviors from others.
   b. Differences in diet and sleep habits lead to different disorders.
   c. Psychiatrists in various cultures use different standards for diagnosis.
   d. Genetic differences are responsible for many psychological disorders.

ANSWER: a

3. DSM is an abbreviation for what?
   a. Disorders of Sensation and Movement
   b. Deviations, Sadism, and Masochism
   c. Distinct Synaptic Mechanisms
   d. Diagnostic and Statistical Manual

ANSWER: d

4. What is the abbreviation for the manual of standards for diagnosing mental illness?
   a. DSM
   b. IAT
   c. WISC
   d. MMPI

ANSWER: a

5. What does DSM refer to?
   a. A licensing board for clinical psychologists
   b. A theory about treatment of depression and schizophrenia
   c. A book about diagnosing mental disorders
   d. An association of psychiatrists and mental hospitals

ANSWER: c

6. What does DSM describe?
   a. Classifications of psychological disorders
   b. Drug treatments for psychological disorders
   c. Cultural differences in psychological disorders
   d. Laws about treatment of psychological disorders

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ANSWER: a

7. What is the contribution of DSM to psychological research?
   a. It provides experimental drugs for treating difficult disorders.
   b. It helps different researchers diagnose disorders in the same way.
   c. It helps researchers locate other psychologists with similar interests.
   d. It clarifies the laws regulating psychological research.

ANSWER: b

8. Can people with different symptoms get the same psychiatric diagnosis? Why or why not?
   a. No, because each diagnosis pertains to a single symptom.
   b. No, because the symptoms of any disorder make it impossible to have a different disorder.
   c. Yes, because psychiatrists have not established any rules for how to diagnose disorders.
   d. Yes, because several diagnoses depend on an "either–or" rule.

ANSWER: d

9. Which psychiatric disorder, if any, can be definitely established by a laboratory test?
   a. Schizophrenia
   b. Bipolar disorder
   c. Attention deficit disorder
   d. None

ANSWER: d

10. Which of these is a major criticism of DSM?
   a. DSM applies only to the most serious psychiatric problems.
   b. Many people fit several diagnoses partly, and none perfectly.
   c. DSM assumes that all people with a given disorder have the same symptoms.
   d. Psychiatrists were already making accurate diagnoses before they started using DSM.

ANSWER: b

11. Which of these is a major criticism of DSM?
   a. DSM is based too heavily on the theories of Freud.
   b. DSM relies too heavily on genetic testing.
   c. Most people do not fit neatly into any of the DSM categories.
   d. DSM offers too few choices of diagnosis.

ANSWER: c

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12. Which of these is a major criticism of DSM?
    a. DSM requires use of difficult and expensive laboratory tests.
    b. DSM applies only to relatively minor psychiatric problems.
    c. If we rely on DSM, very few people qualify as having any psychological disorder.
    d. Establishing a diagnosis does not identify the best treatment.

ANSWER: d

13. What is currently an alternative to the DSM approach to diagnosing mental illnesses?
    a. Ask each person to diagnose himself or herself.
    b. Use laboratory tests to establish a person's diagnosis.
    c. Rate a person's problems along several dimensions.
    d. Use hypnosis to uncover the repressed memories that caused the problems.

ANSWER: c

14. What have many psychologists and psychiatrists suggested as an alternative to DSM?
    a. Rate people along several dimensions instead of giving a single diagnosis.
    b. Let each therapist diagnose disorders whatever way he or she wishes.
    c. Return to using only the diagnoses of neurosis and psychosis.
    d. Let people who have disorders choose their own diagnosis.

ANSWER: a

15. What is defined as "a maladaptive, inflexible way of dealing with the environment and other people"?
    a. Reaction formation
    b. Tardive dyskinesia
    c. Delusion of grandeur
    d. Personality disorder

ANSWER: d

16. What is a "personality disorder"?
    a. A temporary, unpleasant fluctuation in someone's mood
    b. A social disability caused by brain damage
    c. A combination of three or more DSM diagnoses
    d. A maladaptive, inflexible way of behavior

ANSWER: d

17. What is the defining symptom of generalized anxiety disorder?
    a. Failure to sympathize with other people's anxiety
    b. Tendency to interpret almost every facial expression as meaning anxiety
    c. Inability to feel anxiety
    d. Frequent, exaggerated anxiety

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ANSWER: d

18. Which disorder is characterized by unprovoked periods of rapid breathing, rapid heart rate, chest pains, sweating, faintness, and trembling?
    a. Cotard's syndrome
    b. Panic disorder
    c. Obsessive-compulsive disorder
    d. Narcissistic personality disorder

ANSWER: b

19. Who is most likely to experience panic disorder?
    a. Old men
    b. Old women
    c. Young men
    d. Young women

ANSWER: d

20. In the United States, are anxiety disorders more common in some groups than in others?
    a. No, they are equally common in all groups.
    b. Yes, they are more common in immigrants from the Caribbean.
    c. Yes, they are more common in blacks than in whites.
    d. Yes, they are more common in whites than in blacks.

ANSWER: d

21. People with panic disorder are more likely than other people to have which condition?
    a. Joint laxity ("double-jointedness")
    b. ALS ("Lou Gehrig's disease")
    c. Dissociative identity disorder ("multiple personality")
    d. Strabismus ("lazy eye")

ANSWER: a

22. People with joint laxity ("double-jointedness") are more likely others to have which mental disorder?
    a. Borderline personality disorder
    b. Bipolar disorder
    c. Obsessive-compulsive disorder
    d. Panic disorder

ANSWER: d

23. Which of these is strongly associated with panic disorder?
    a. Déjà vu experiences

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b. Restless leg syndrome
c. Hyperventilation
d. Food cravings

ANSWER: c

24. People with panic disorder are also likely to have which other disorder?
a. Seasonal affective disorder
b. Narcolepsy
c. Agoraphobia
d. Attention deficit disorder

ANSWER: c

25. Which fear is common among people with panic disorder?
a. Fear of open, public places
b. Fear of the dark
c. Fear of blood and other body fluids
d. Fear of loneliness

ANSWER: a

26. Which conditions often occur in the same people?
a. Panic disorder and agoraphobia
b. Obsessive-compulsive disorder and substance abuse
c. Schizophrenia and dissociative identity disorder
d. Bipolar disorder and anorexia nervosa

ANSWER: a

27. People with agoraphobia are likely to have which of these conditions also?
a. Obsessive-compulsive disorder
b. Panic disorder
c. Narcolepsy
d. Sleep apnea

ANSWER: b

28. Why do many people with panic disorder have agoraphobia also?
a. Both conditions relate to decreased production of oxytocin.
b. People with panic disorder fear embarrassing themselves.
c. The treatment for panic disorder increases the risk of agoraphobia.
d. People with panic disorder have trouble sleeping through the night.

ANSWER: b

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29. When in treatment for panic disorder, what do people try to learn to control?
    a. Eating
    b. Drinking
    c. Sleeping
    d. Breathing

ANSWER: d

30. What is unusual about learned avoidance behaviors?
    a. They are easily forgotten.
    b. They are highly resistant to extinction.
    c. They fail to generalize to similar stimuli.
    d. Only humans can learn them.

ANSWER: b

31. Superstitions and phobias are based on what type of learning?
    a. Positive reinforcement
    b. Avoidance learning
    c. Fixed response schedules of reinforcement
    d. Fixed interval schedules of reinforcement

ANSWER: b

32. Why is it difficult to get rid of superstitions and phobias?
    a. The memories are stored deep in the brain.
    b. The memories consolidate unusually quickly.
    c. The responses are based on continuous reinforcement.
    d. The responses are based on avoidance learning.

ANSWER: d

33. Suppose you train someone to press a lever to avoid shocks, and then disconnect the shock generator. How could you facilitate extinction of the lever pressing?
    a. Move the lever toward the person's other hand.
    b. Temporarily prevent the person from pressing the lever.
    c. Take a "time-out" before continuing the session.
    d. Play some music in the background.

ANSWER: b

34. What is a phobia?
    a. An unconscious fear
    b. A fear that interferes with normal living

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c. A fear of something that is harmless
d. A fear with an unknown cause

ANSWER: b

35. How does phobia differ from panic disorder?
a. Phobia produces more severe changes in the body.
b. Phobia occurs in adulthood, whereas panic disorder occurs in childhood.
c. A specific event or object triggers a phobic reaction.
d. The reaction associated with phobia occurs more briefly.

ANSWER: c

36. In John B. Watson's attempt to condition a phobia in a child, what was the conditioned response?
a. A rat
b. A loud noise
c. Crying and other fear reactions
d. Salivation

ANSWER: c

37. In John B. Watson's attempt to condition a phobia in a child, what was the conditioned stimulus?
a. A rat
b. A loud noise
c. Crying and other fear reactions
d. Salivation

ANSWER: a

38. In John B. Watson's attempt to condition a phobia in a child, what was the unconditioned response?
a. A rat
b. A loud noise
c. Crying and other fear reactions
d. Salivation

ANSWER: c

39. In John B. Watson's attempt to condition a phobia in a child, what was the unconditioned stimulus?
a. A rat
b. A loud noise
c. Crying and other fear reactions
d. Salivation

ANSWER: b

40. In Watson's attempt to produce a phobia in Albert B., what were the rat and the loud noise?
a. The rat was the unconditioned stimulus and the noise was the unconditioned response.

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b. The rat was the unconditioned response and the noise was the unconditioned stimulus.
c. The rat was the conditioned stimulus and the noise was the unconditioned stimulus.
d. The rat was the conditioned stimulus and the noise was the conditioned response.

ANSWER: c

41. In Watson's attempt to produce a phobia in Albert B., what were the rat and the fear response?
a. The rat was the unconditioned stimulus and fear was the unconditioned response.
b. The rat was the unconditioned response and fear was the unconditioned stimulus.
c. The rat was the conditioned stimulus and fear was the unconditioned stimulus.
d. The rat was the conditioned stimulus and fear was the conditioned response.

ANSWER: d

42. In Watson's attempt to produce a phobia in Albert B., what were the conditioned stimulus and conditioned response?
a. The conditioned stimulus was a rat and the conditioned response was a loud noise.
b. The conditioned stimulus was a loud noise and the conditioned response was a rat.
c. The conditioned stimulus was a rat and the conditioned response was fear.
d. The conditioned stimulus was a loud noise and the conditioned response was fear.

ANSWER: c

43. In Watson's attempt to produce a phobia in Albert B., what were the conditioned stimulus and the unconditioned stimulus?
a. The conditioned stimulus was a rat and the unconditioned stimulus was a loud noise.
b. The conditioned stimulus was a loud noise and the unconditioned stimulus was a rat.
c. The conditioned stimulus was a rat and the unconditioned stimulus was fear.
d. The conditioned stimulus was a loud noise and the unconditioned stimulus was fear.

ANSWER: a

44. What causes a monkey to form a strong fear of snakes?
a. Monkeys are born with that fear.
b. Monkeys can develop that fear by seeing another monkey show fear of snakes.
c. Monkeys learn a fear of snakes only by getting a bite from a snake.
d. Monkeys learn a fear of snakes by pairing a snake with an unpleasant stimulus.

ANSWER: b

45. If an observer monkey sees another monkey react with fear in the presence of a snake, will the observer become afraid of snakes also?

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a. No.
b. Yes, but only if it sees the snake.
c. Yes, but only if it has the gene for "fear of snakes."
d. Yes, under all circumstances.

ANSWER: b

46. Why do many monkeys show fear of snakes, despite never being bitten by one?
a. Many monkeys are born with a gene that produces fear of snakes.
b. Snakes have an unconscious symbolic meaning, to monkeys as well as to humans.
c. A monkey learns fear by seeing another monkey show fear.
d. A monkey that receives a bite from any animal generalizes its fear to all animals.

ANSWER: c

47. In Mineka's first study, a monkey developed a fear of snakes after watching another monkey run away from a snake. Why was it important to do a second experiment before drawing a conclusion?
a. Possibly the monkey developed more anger than fear.
b. Possibly the speed of running was more important than the direction.
c. Possibly any fear generalizes to fear of snakes.
d. Possibly monkeys imitate fear from male monkeys and not female monkeys.

ANSWER: c

48. J. B. Watson suggested that people learn phobias by pairing a stimulus with an unpleasant experience. What is evidence against that hypothesis?
a. Phobias are more common in young adulthood than in old age.
b. Most phobias can be traced to repressed memories from early childhood.
c. Phobia of harmless objects is more common than phobia of something dangerous.
d. Phobia of snakes is more common than phobia of cars.

ANSWER: d

49. J. B. Watson suggested that people learn phobias by pairing a stimulus with an unpleasant experience. What is a weakness of that hypothesis?
a. Phobias are more common in some cultures than in others.
b. Many people have phobias about objects that have never hurt them.
c. Evidence demonstrates that most phobias are inherited.
d. Avoidance learning is acquired slowly and extinguished rapidly.

ANSWER: b

50. Snake phobias are common and car phobias are rare. What does that fact imply about phobias?
a. Classical conditioning cannot account for most phobias.

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b. Vicarious learning cannot account for most phobias.
c. Inherited predispositions are irrelevant to the development of phobias.
d. Safe experiences are irrelevant to the development of phobias.

ANSWER: a

51. Which of these is NOT an explanation for why snake phobias are more common than car phobias?
a. Repeated safe experiences reduce the likelihood of a learned fear.
b. We are more likely to fear objects that are unpredictable and uncontrollable.
c. Genetic predispositions favor development of some fears rather than others.
d. Phobias develop by classical conditioning between an object and a painful experience.

ANSWER: d

52. Which of these is NOT an explanation for why a phobia of hammers and other tools is rare?
a. Most people have had many safe experiences with tools.
b. Tools were not a major threat to our remote ancestors.
c. The brain has no area specialized for recognizing tools.
d. Tools seem more controllable than other possible dangers.

ANSWER: c

53. What type of object is a common basis for a phobia?
a. Something that we encounter frequently almost every day.
b. Something that causes injuries to many people today.
c. Something associated with unpredictable, uncontrollable danger.
d. Something that people encounter in early childhood.

ANSWER: c

54. What type of object is a common basis for a phobia?
a. Something that seems highly predictable and controllable.
b. Something that has been dangerous throughout human evolution.
c. Something that has become dangerous to many people today.
d. Something that you expect to see almost every day.

ANSWER: b

55. Which of these strongly influences your probability of developing a strong fear after an injury?
a. Do you know other people who had an injury from the same object?
b. Have you had previous safe experiences with the object that caused the injury?
c. How brightly colored is the object that caused your injury?
d. How symmetrical is the shape of the object that caused your injury?

ANSWER: b

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56. People receive painful shocks after seeing pictures of either snakes or houses. What happens?
    a. Strong learned fear of snakes if the snakes were paired with shock
    b. Strong learned fear of houses if the houses were paired with shock
    c. Strong learned fear of whichever objects were paired with shock
    d. Strong learned fear of snakes, regardless of what was paired with shock

ANSWER: a

57. What is a reason why you are more likely to develop a phobia of spiders than a phobia of cars?
    a. You are more likely to suffer a severe injury from a spider than a car.
    b. You are more likely to survive an injury from a spider than a car.
    c. You have many safe experiences with cars.
    d. The danger from spiders is more predictable and more controllable.

ANSWER: c

58. Other things being equal, what type of object is most likely to be the target of a phobia?
    a. Something you encounter frequently
    b. Something relatively recent in human experience
    c. Something uncontrollable
    d. Something with bright colors

ANSWER: c

59. What is the most effective treatment for phobias?
    a. Megavitamin therapy
    b. Stimulant drugs
    c. Exposure therapy
    d. Psychoanalysis

ANSWER: c

60. What procedure is used in the most effective treatment for phobia?
    a. Changes in diet and sleeping habits
    b. Prolonged separation from the feared object
    c. Gradual exposure to the feared object
    d. Probing the unconscious memories behind the fear

ANSWER: c

61. Which of these disorders is commonly treated by exposure therapy?
    a. Schizophrenia
    b. Phobia
    c. Bipolar disorder
    d. Bulimia nervosa

ANSWER: b

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62. Exposure therapy is an example of which general process?
    a. Conformity
    b. Unconsciousness
    c. Learning
    d. Self-actualization

ANSWER: c

63. Exposure therapy for a phobia of snakes would begin with which instruction?
    a. Briefly look at this picture of a snake.
    b. Let's see how long you can go without thinking about a snake.
    c. Tell me about your childhood experiences with a snake.
    d. Tell me about any dreams you remember about snakes.

ANSWER: a

64. What is the key procedure in exposure therapy for phobia?
    a. Discussing the phobia in a group setting
    b. Reducing anxiety with tranquilizers or antidepressant drugs
    c. Bringing the feared object into the person's presence
    d. Probing the unconscious thoughts or memories behind the phobia

ANSWER: c

65. Exposure therapy for phobia resembles which of the following?
    a. Skinner's shaping procedure
    b. Piaget's conservation tasks
    c. The Clever Hans procedure
    d. Asch's procedure for studying conformity

ANSWER: a

66. Exposure therapy for phobia resembles extinction training for which type of learning?
    a. Variable ratio responding
    b. Skill learning
    c. Shock-avoidance learning
    d. Conditioned taste aversion

ANSWER: c

67. What is a good method to extinguish an avoidance response, and also to treat phobia?
    a. Present the feared stimulus and prevent the avoidance response.
    b. Prevent any contact with the feared stimulus for at least a week.
    c. Provide positive reinforcement for the avoidance response, on an interval schedule.

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d. Provide positive reinforcement for the avoidance response, on a ratio schedule.

ANSWER: a

68. Exposure therapy for phobia often uses which of these techniques?
    a. Polysomnograph
    b. Functional magnetic resonance imaging
    c. Virtual reality
    d. Implicit association test

ANSWER: c

69. Which type of therapy is most likely to use virtual reality?
    a. Exposure therapy for phobia
    b. Conditioned aversion therapy for alcohol abuse
    c. Pharmacotherapy for schizophrenia
    d. Light therapy for seasonal affective disorder

ANSWER: a

70. Why is it important to repeat exposure therapy, even after the phobia seems to be gone?
    a. To prevent stimulus discrimination
    b. To prevent extinction
    c. To prevent spontaneous recovery
    d. To prevent stimulus generalization

ANSWER: c

71. What is meant by an “obsession”?
    a. A fear that interferes with everyday life
    b. A repetitive, unwanted thought
    c. A repetitive, almost irresistible action
    d. A belief that is strongly held despite a lack of evidence for it

ANSWER: b

72. What is meant by a “compulsion”?
    a. A fear that interferes with everyday life
    b. A repetitive, unwanted thought
    c. A repetitive, almost irresistible action
    d. A belief that is strongly held despite a lack of evidence for it

ANSWER: c

73. What is a repetitive, unwanted thought?
    a. A compulsion
    b. An obsession

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c. A delusion
d. A paranoia

ANSWER: b

74. What is a repetitive, almost irresistible action?
a. A compulsion
b. An obsession
c. A delusion
d. A paranoia

ANSWER: a

75. Which disorder is characterized by self-imposed rituals?
a. Bipolar disorder
b. Obsessive-compulsive disorder
c. Seasonal affective disorder
d. Generalized anxiety disorder

ANSWER: b

76. What is the usual age of onset for obsessive-compulsive disorder?
a. Before age 10
b. Between ages 10 and 25
c. Between ages 25 and 50
d. After age 50

ANSWER: b

77. Which of these is NOT true for obsessive-compulsive disorder?
a. It has been linked to a single recessive gene.
b. The usual age of onset is between ages 10 and 25.
c. It is associated with the emotions of disgust and guilt.
d. It usually improves over time, even without treatment.

ANSWER: a

78. Which instruction might cause you to experience something similar to obsessive-compulsive disorder?
a. “Imagine being attacked by a bear.”
b. “Describe what a bear looks like, in detail.”
c. “Pretend you are a bear.”
d. “Try not to think about a bear.”

ANSWER: d

79. Trying not to think about a bear might cause you to experience which of the following?

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a. An obsession
b. Paranoia
c. Dissociative identity disorder
d. Depression c

ANSWER: a

80. In what way is obsessive-compulsive disorder self-sustaining?
a. Blocking serotonin transmission leads to increased serotonin production.
b. Any muscle movement leads to an opposing muscle movement.
c. Anxiety tends to increase as people grow older.
d. Trying to avoid a thought makes the thought more intrusive.

ANSWER: d

81. What is unusual about the memory of obsessive-compulsive checkers?
a. They distrust their memory.
b. Their episodic memories are especially strong.
c. They tend to forget their procedural memories.
d. Their long-term memories consolidate more slowly than normal.

ANSWER: a

82. What is one reason why some people with obsessive-compulsive disorder engage in endless rituals?
a. They suffer panic attacks whenever they pause the rituals.
b. They have a series of involuntary reflexes that force the ritual behaviors.
c. They doubt their memory of having completed the rituals.
d. They hallucinate voices that tell them to continue the rituals.

ANSWER: c

83. What is one reason why some people with obsessive-compulsive disorder distrust their memories?
a. Most of them, in fact, have memory impairments.
b. They hallucinate voices that tell them that they have not done what they should do.
c. They often have lapses of consciousness.
d. Repeating an act many times makes each repetition less memorable.

ANSWER: d

84. What is currently the most successful therapy for obsessive-compulsive disorder?
a. Exposure therapy with response prevention
b. Stimulant drugs such as Ritalin
c. Long-term psychoanalysis
d. Lithium or anticonvulsant drugs

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ANSWER: a

85. Which disorder is often treated by exposure therapy with response prevention?
    a. Paranoid schizophrenia
    b. Bipolar disorder
    c. Bulimia nervosa
    d. Obsessive-compulsive disorder

ANSWER: d

86. If someone reports that many years of psychoanalysis lead to recovery for many patients with obsessive-compulsive disorder, why should we be unimpressed?
    a. Therapists have not established any criteria for diagnosing obsessive-compulsive disorder.
    b. Years of psychoanalysis would be too expensive for a disorder like this one.
    c. Many people improve over years even without treatment.
    d. A treatment is not acceptable unless it works for all patients with a disorder.

ANSWER: c

87. What is the main criterion for deciding whether someone is an alcoholic?
    a. Does alcohol cause serious problems in the person's life?
    b. Does the person drink alcohol every day?
    c. Does the person drink more alcohol than 75 percent of other people?
    d. Does the person drink more alcohol in social groups than when alone?

ANSWER: a

88. Physiologically, what do most addictive drugs have in common?
    a. They decrease the reuptake of serotonin.
    b. They attach to receptors on the presynaptic neuron.
    c. They increase the release of dopamine.
    d. They increase blood flow to the brain.

ANSWER: c

89. What do compulsive gambling and video game playing have in common with most addictive drugs?
    a. They are associated with decreased heart rate.
    b. They prevent any changes in synaptic connections.
    c. They increase the brain's synthesis of serotonin.
    d. They increase dopamine release in one brain area.

ANSWER: d

90. What, if anything, differs between potentially addictive substances and those that are not addictive?

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a. There is no dependable distinction between addictive and nonaddictive substances.
b. Addictive substances are chemically similar to either dopamine or serotonin.
c. Addictive substances are insoluble in water.
d. Addictive substances have a negative electrical charge.

ANSWER: a

91. When, if ever, would gambling cause release of dopamine similar to the way addictive drugs do?
a. It always does, for anyone.
b. It does from the start, for people who will later become compulsive gamblers.
c. It does, after someone becomes a compulsive gambler.
d. It does not, for anyone.

ANSWER: c

92. Why is a distinction between addictive and nonaddictive substances not helpful?
a. It is better to distinguish between harmful and nonharmful substances.
b. Some addictions develop rapidly and some develop slowly.
c. It is better to distinguish between people who do or do not have an addictive personality.
d. People can abuse gambling, video games, even water.

ANSWER: d

93. In what way does addiction change someone's motivation for using a substance?
a. The user seeks the substance to try to increase tolerance.
b. The user seeks the substance to try to increase withdrawal.
c. The user "wants" the substance but does not "like" it as much as before.
d. The user "likes" the substance but does not "want" it as much as before.

ANSWER: c

94. How does physical dependence differ from psychological dependence?
a. With a physical dependence, quitting leads to withdrawal symptoms.
b. A physical dependence means that the substance increases release of dopamine.
c. A physical dependence produces a strong drive to want the substance.
d. A psychological dependence causes problems in the person's life.

ANSWER: a

95. After someone has quit an addiction, when is a relapse most likely?
a. During times of stress or displeasure
b. On the anniversary of the first time of using the substance

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c. On the anniversary of the time of quitting the substance
d. During times of relaxation and pleasure

ANSWER: a

96. Which of these helps explain why people continue an addiction, despite harm to their lives?
a. As tolerance to the substance increases, the pleasure increases also.
b. People tend to forget how unpleasant the withdrawal symptoms can be.
c. The nucleus accumbens gradually becomes less sensitive to the substance.
d. The person learns to use the substance to relieve distress.

ANSWER: d

97. Developing an addiction to cocaine produces which of these consequences?
a. Increased "liking" but decreased "wanting"
b. Gradual decrease in the intensity of withdrawal symptoms
c. Decreased pleasure from other activities
d. Increased activity of the immune system

ANSWER: c

98. What is the objection to the statement that an addiction "hijacks" the brain's reward system?
a. The reward system remains as responsive as ever to other types of reward.
b. The person "likes" the addictive substance more, while "wanting" it less.
c. Using the substance provides an escape from distress.
d. Many people manage to quit an addiction.

ANSWER: d

99. On average, how do early-onset alcoholism and late-onset alcoholism differ?
a. Late-onset alcoholism tends to be more severe.
b. Late-onset alcoholism is much more common in men than in women.
c. Early-onset alcoholism is easier to treat.
d. Early-onset alcoholism shows a stronger genetic predisposition.

ANSWER: d

100. On average, how do early-onset alcoholism and late-onset alcoholism differ?
a. Early-onset alcoholism is easier to treat.
b. Early-onset alcoholism is much more common in men than in women.
c. Late-onset alcoholism tends to be more severe.
d. Late-onset alcoholism has a stronger genetic basis.

ANSWER: b

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Chapter 15 Part 1—Abnormal Psychology: Disorders and Treatment
Abnormal Psychology: Disorders and Treatment

101. Which type of alcoholism, if either, generally shows a strong genetic basis?
    a. Early-onset alcoholism
    b. Late-onset alcoholism
    c. Both types equally
    d. Neither type

ANSWER: a

102. Which of the following is generally true for female alcoholics?
    a. They are more likely than men to have late-onset alcoholism.
    b. They are more likely than men to have a family history of alcoholism.
    c. They are more likely than men to develop severe alcoholism.
    d. They are more likely than men to have a criminal history.

ANSWER: a

103. Which alcoholics tend to show the strongest genetic basis for their alcoholism?
    a. People with early-onset alcoholism
    b. People with late-onset alcoholism
    c. Female alcoholics
    d. People with relatively mild alcohol problems

ANSWER: a

104. One gene is known to influence the probability of alcoholism. How does it exert its effects?
    a. It influences how the taste buds react to alcohol.
    b. It influences brain areas important for self-control.
    c. It influences brain areas responsible for pleasure and motivation.
    d. It influences how the liver metabolizes alcohol.

ANSWER: d

105. People with a certain gene are unlikely to become alcoholics. How do they differ from others?
    a. They dislike the taste of alcohol.
    b. They receive more than average pleasure from other events in life.
    c. Alcohol makes them feel ill.
    d. They develop stronger than average social attachments.

ANSWER: c

106. If you have genes that interfere with metabolizing alcohol into acetic acid, how will you be affected?
    a. You will be unlikely to abuse alcohol.
    b. You will be more likely than average to abuse alcohol.

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c. You will be less likely than average to experience hangovers.
d. You will be more likely than average to gain weight.

ANSWER: a

107. Why are Southeast Asians less likely than others to develop alcoholism or binge drinking?
a. Southeast Asian religions strongly prohibit use of alcohol.
b. Many Southeast Asians have taste buds that react negatively to alcohol.
c. Many Southeast Asians have a gene that makes it difficult to metabolize alcohol.
d. Alcoholic beverages are prohibitively expensive in most of Southeast Asia.

ANSWER: c

108. In general, who is most likely to develop an alcohol problem?
a. Someone whose culture emphasizes drinking in moderation
b. Someone who has never known a relative with a drinking problem
c. Someone who experiences strong hangovers after drinking
d. Someone who can drink much alcohol before starting to feel drunk

ANSWER: d

109. Which of these is more common than average among the sons of alcoholic fathers?
a. They feel greater than average intoxication after drinking a certain amount.
b. They feel less than average intoxication after drinking a certain amount.
c. They can more easily than average taste the presence of dilute alcohol.
d. They can less easily than average taste the presence of dilute alcohol.

ANSWER: b

110. Which of the following suggests that you are more likely than average to become an alcoholic?
a. You can handle stressful situations more easily than most people.
b. You can taste alcohol in lower concentrations than most people do.
c. You develop hangovers more easily than most people do.
d. You can drink much alcohol before you start to feel drunk.

ANSWER: d

111. To predict which young men are most likely to become alcoholics, which question should you ask?
a. Who tasted alcohol before age 18?
b. Who enjoys the widest variety of alcoholic beverages?
c. Who drinks more on weekends than during the week?
d. Who can drink the most before starting to stagger?

ANSWER: d

112. What tends to be true for men with an increased probability of developing alcoholism?

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a. They have more than the average number of taste buds on the tongue.
b. Their body temperature fluctuates when they don't drink alcohol.
c. They underestimate how drunk they are.
d. After falling asleep, they are slow to enter REM sleep.

ANSWER: c

113. If you say, "I hold my liquor well," meaning, "I don't quickly show signs of intoxication," which of these is true?
a. You do not metabolize alcohol quickly.
b. You will have a severe hangover.
c. You are more likely than average to develop alcohol abuse.
d. You are less likely than average to develop alcohol abuse.

ANSWER: c

114. What does Alcoholics Anonymous require from every new member?
a. An agreement to meet with a psychotherapist
b. A financial deposit that will be returned if the person succeeds in quitting alcohol
c. A list of friends or family who can be contacted in an emergency
d. Nothing, other than an effort to quit alcohol

ANSWER: d

115. What recommendation does Alcoholics Anonymous give new member?
a. Make an appointment with a psychotherapist.
b. Practice going into your favorite bar without buying a drink.
c. Attend 90 meetings in the first 90 days.
d. Join a church or synagogue and participate regularly.

ANSWER: c

116. Who provides help and advice at a session of Alcoholics Anonymous?
a. A psychologist or psychiatrist
b. A priest, minister, or rabbi
c. Other alcoholics
d. Someone appointed by the government

ANSWER: c

117. Alcoholics Anonymous has what relationship to religion?
a. It has a strong spiritual focus, but no affiliation with any religion.
b. It is sponsored by different churches in different cities.
c. It is sponsored by the Roman Catholic Church.
d. It is opposed to all religion.

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ANSWER: a

118. From where does Alcoholics Anonymous receive its financial support?
    a. Members make voluntary contributions.
    b. The members' health insurance pays all costs.
    c. The state or local government pays all costs.
    d. An association of churches pays all costs.

ANSWER: a

119. Which drug is sometimes used to help people quit alcohol?
    a. Prozac
    b. Antabuse
    c. Methadone
    d. L-dopa

ANSWER: b

120. How does Antabuse help as a treatment for alcoholism?
    a. It causes alcohol to taste bad.
    b. It causes sickness if someone drinks alcohol.
    c. It provides an alternative, nonaddictive source of pleasure.
    d. It prevents alcohol from producing intoxication.

ANSWER: b

121. What is the main way by which Antabuse discourages alcohol abuse?
    a. By the threat of illness
    b. By changing the taste of alcohol
    c. By decreasing the intoxication
    d. By increasing attention

ANSWER: a

122. Which of these combinations would make a person feel sick?
    a. Heroin and methadone
    b. Alcohol and Antabuse
    c. Cocaine and Prozac
    d. Marijuana and aspirin

ANSWER: b

123. What does a therapist do in contingency management for alcohol or other addictions?
    a. The therapist introduces the person to new friends who do not use the substance.
    b. The therapist responds whenever the person reports a temptation to use the substance.

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c. The therapist plans the person's schedule for the day.
d. The therapist provides rewards for abstention.

ANSWER: d

124. What does contingency management emphasize in the treatment of an addiction?
a. Rewards for abstaining from a substance
b. Understanding the unconscious motives behind substance abuse
c. Replacing a harmful substance with a less harmful one
d. Unconditional positive regard

ANSWER: a

125. Which drug is sometimes offered as a substitute for opiates such as heroin?
a. Naloxone
b. Ritalin
c. Prozac
d. Methadone

ANSWER: d

126. Why is methadone helpful to some people with an opiate addiction?
a. It decreases the tolerance to the effects of opiates.
b. It prevents the liver from metabolizing opiates.
c. It satisfies the craving, with less interference with life activities.
d. It causes the user to feel sick if he or she then uses opiates also.

ANSWER: c

127. Why is methadone considered a safer drug than heroin?
a. Methadone does not enter the brain.
b. Methadone can be taken as a pill.
c. Methadone can be purchased inexpensively.
d. Methadone cannot become addictive.

ANSWER: b

128. Why is methadone considered a safer drug than heroin?
a. Methadone does not attach to the same receptors in the brain.
b. People can gradually withdraw from methadone without a return of cravings.
c. Methadone produces a mixture of pleasant and unpleasant effects.
d. Methadone can satisfy the craving without producing a "rush."

ANSWER: d

129. What would happen if someone dissolved methadone in water and injected it into the blood?

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a. It would satisfy the craving for opiates, without producing a rush.
b. It would produce effects similar to heroin.
c. It would produce effects similar to withdrawal from an opiate drug.
d. It would have no effect on behavior or experience.

ANSWER: b

130. Which of the following is the MOST common for people with major depression?
a. More sad experiences than average during the day
b. Fewer happy experiences than average during the day
c. More frightened experiences than average during the day
d. More angry experiences than average during the day

ANSWER: b

131. Which of the following is most common among people with major depression?
a. Excessive eating
b. Sleep abnormalities
c. Rapid heart rate
d. Joint laxity ("double-jointedness")

ANSWER: b

132. What type of sleep disorder is common for people with major depression?
a. They fail to enter REM sleep.
b. They walk and talk during their sleep.
c. They wake up early and cannot get back to sleep.
d. They have sudden attacks of sleepiness and muscle paralysis during the day.

ANSWER: c

133. In which disorder is it common for people to awaken early and fail to get back to sleep?
a. Major depression
b. Social phobia
c. Bulimia nervosa
d. Borderline personality disorder

ANSWER: a

134. An adolescent who has trouble sleeping is at increased risk for which disorder?
a. Agoraphobia
b. Schizophrenia
c. Major depression
d. Anorexia nervosa

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ANSWER: c

135. What type of trouble in adolescence predicts increased risk of depression later in life?
    a. Outbursts of anger
    b. Difficulty sleeping
    c. Difficulty maintaining balance
    d. Impairment with binocular vision

ANSWER: b

136. Who is more likely to suffer from anxiety disorders or depression, men or women?
    a. Both are more common in women.
    b. Both are more common in men.
    c. Women have more anxiety disorders and men have more depression.
    d. Women have more depression and men have more anxiety disorders.

ANSWER: a

137. Who is more likely to suffer from alcohol abuse or depression, men or women?
    a. Both are more common in women.
    b. Both are more common in men.
    c. Women have more alcohol abuse and men have more depression.
    d. Women have more depression and men have more alcohol abuse.

ANSWER: d

138. In the United States, who has more anxiety disorders or depression, whites or blacks?
    a. Both are more common in whites.
    b. Both are more common in blacks.
    c. Whites have more alcohol abuse and blacks have more depression.
    d. Blacks have more depression and whites have more alcohol abuse.

ANSWER: a

139. In the United States, which disorders are more common in white people than in black people?
    a. Schizophrenia and alcohol abuse
    b. Schizophrenia and nicotine addiction
    c. Depression and anxiety
    d. Heart disease and high blood pressure

ANSWER: c

140. Which black people in the United States are LEAST likely to develop major depression?
    a. Those with the poorest health behaviors, such as smoking and drinking

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b. Those who maintain the best diet, including vitamins and minerals
c. Those who have the least social support from friends and relatives
d. Those who engage in long-term psychoanalysis

ANSWER: a

141. What can someone expect after developing major depression, in most cases?
a. Recovery after a few months, with a possibility of later episodes
b. A constant, probably permanent level of depression unless quickly treated
c. Worse and worse depression as time passes, unless quickly treated
d. Alternation between periods of depression and periods of mania

ANSWER: a

142. On average, what is special about a first episode of depression, compared to later episodes?
a. The first episode is more often a response to an intense precipitating event.
b. The first episode is usually the briefest.
c. The first episode is the least likely to respond well to therapy.
d. The first episode has the most gradual onset.

ANSWER: a

143. After someone has had many episodes of depression, what changes?
a. New episodes start easily, with little provocation.
b. New episodes last longer than the earlier ones.
c. New episodes are more severe.
d. New episodes are less severe.

ANSWER: a

144. Seasonal affective disorder occurs most often in which countries?
a. Countries close to the equator
b. Countries closer to the poles
c. Countries where people eat much seafood
d. Countries where people have little social support

ANSWER: b

145. What is the most effective treatment for seasonal affective disorder?
a. Psychoanalysis
b. Prozac
c. Bright lights
d. A gluten-free diet

ANSWER: c

146. Which disorder is most often treated with a few hours of bright lights per day?

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a. Attention deficit disorder
b. Panic disorder with agoraphobia
c. Bulimia nervosa
d. Seasonal affective disorder

ANSWER: d

147. What is the current consensus about the role of genetics in depression?
a. A gene on the X chromosome is a major contributor to depression.
b. A gene controlling oxytocin receptors is a major contributor to depression.
c. Many genes contribute, but no common gene produces a major effect.
d. Depression depends entirely on experiences, with no hereditary basis.

ANSWER: c

148. What appears to be true about the genes that predispose someone to depression?
a. They also increase the risk of many other disorders.
b. They also increase the probability of high intelligence and creativity.
c. They are located mostly on the X chromosome.
d. They act mostly by altering the speed of action potentials.

ANSWER: a

149. If someone has major depression, what is probably true about the relatives who do NOT have depression?
a. Many of them have periods of mania.
b. Many of them are unusually creative.
c. Many have other disorders, such as substance abuse, asthma, and arthritis.
d. They are no more likely than anyone else to have any physical or psychological condition.

ANSWER: c

150. What is a possible explanation for why people with depression and their relatives tend to have asthma, arthritis, and a variety of other physical disorders?
a. A gene on the X chromosome leads to a variety of disorders.
b. Inflammation produced by the immune system leads to a variety of disorders.
c. An imbalance between dopamine and serotonin leads to a variety of disorders.
d. Repressed memories lead to a variety of disorders.

ANSWER: b

151. How does a highly stressful experience increase the risk of depression?
a. Stress causes increased production of new neurons in the hippocampus.
b. Stress increases the release of dopamine and norepinephrine.
c. Stress releases chemicals related to inflammation.

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d. Stress leads to weight gain.

ANSWER: c

152. What do depression, asthma, and arthritis have in common?
a. Decreased activity at serotonin synapses can produce any of them.
b. Excessive consumption of seafood can produce any of them.
c. Inflammation from the immune system can produce any of them.
d. Overeating can cause any of them.

ANSWER: c

153. The effects of antidepressant medications include which of the following?
a. They increase the velocity of action potentials in the brain.
b. They prolong the effects of certain neurotransmitters.
c. They help the heart keep a steady rhythm.
d. They stimulate dopamine synapses in the nucleus accumbens.

ANSWER: b

154. Which of these is one of the effects of tricyclic antidepressant drugs?
a. They stimulate the dopamine receptors in the nucleus accumbens.
b. They shift blood flow from mostly the left hemisphere to mostly the right hemisphere.
c. They improve the body's ability to produce estradiol and testosterone.
d. They block reuptake of several neurotransmitters by the presynaptic neuron.

ANSWER: d

155. All antidepressant drugs are known to have effects on which of the following?
a. Production of red blood cells
b. Availability of certain neurotransmitters at synapses
c. Velocity of action potentials in the cerebral cortex
d. Ability of glucose and other nutrients to reach the brain

ANSWER: b

156. Why do many researchers doubt that antidepressant drugs produce all their benefits by facilitating transmission at serotonin and dopamine synapses?
a. The drugs' effects on behavior are faster than their effects on synapses.
b. The drugs' effects on synapses are faster than their effects on behavior.
c. The dose needed to alter synaptic activity is greater than the dose that improves behavior.
d. Serotonin and dopamine have different effects on behavior.

ANSWER: b

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Chapter 15 Part 1—Abnormal Psychology: Disorders and Treatment
Abnormal Psychology: Disorders and Treatment

157. What is the usual delay between starting to take antidepressant drugs and starting to feel benefits?
    a. Seconds
    b. Minutes
    c. Hours
    d. Weeks

ANSWER: d

158. In addition to effects on synapses, what else do antidepressant drugs do?
    a. They increase muscle production and improve physical strength.
    b. They increase production of new neurons and improve learning.
    c. They increase the velocity of action potentials and improve reaction times.
    d. They increase synthesis of hormones and increase sex drive.

ANSWER: b

159. Which of the following increases the production of new neurons in the hippocampus of the brain?
    a. Antidepressant drugs
    b. Antabuse
    c. Anticonvulsant drugs
    d. L-dopa

ANSWER: a

160. Which of these is an example of a pessimistic explanatory style?
    a. “I lost the game because the referee made a bad call.”
    b. “I lost the game because I am a lousy athlete.”
    c. “I lost the game because I didn’t practice hard enough.”
    d. “I lost the game because the opponent was extremely good.”

ANSWER: b

161. If you have a pessimistic explanatory style, what do you think causes your failure on a task?
    a. Lack of ability
    b. Lack of effort
    c. Bad luck
    d. High difficulty of the task

ANSWER: a

162. A pessimistic explanatory style is most common among people with which disorder?
    a. Schizophrenia
    b. Depression

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c. Alcohol abuse
d. Panic disorder

ANSWER: b

163. If you become depressed after a highly stressful event, what is good advice?
a. Plan on seeing a therapist for a long time.
b. Talk with a therapist briefly, then move on with life.
c. Try to avoid ever thinking about the event.
d. Pretend to be happy about the event.

ANSWER: b

164. Aaron Beck, a pioneer in cognitive therapy, attributes depression to the "negative cognitive triad of depression." Which of the following is NOT one of those three self-defeating thoughts?
a. The future is devoid of hope.
b. The world is full of obstacles.
c. I haven't been trying hard enough.
d. I am deprived or defeated.

ANSWER: c

165. When treating depression, what does a cognitive therapist want the person to do?
a. Keep a record of all the disappointments in life
b. Reinterpret events in a more positive way
c. Gain access to unconscious memories of childhood
d. Improve diet, sleep, and other health habits

ANSWER: b

166. Suppose a new therapy enables half of all patients with depression to show improvement within seven months. To evaluate this finding, what is the most important additional information that we need?
a. Was this a representative sample of all types of people with depression?
b. How rapidly did they improve within this seven-month period?
c. Did the other half of the patients show any improvement later?
d. How many people would improve in seven months without treatment?

ANSWER: d

167. If about half the people receiving some type of therapy for depression show improvement within six months, why does that fact probably overstate the effectiveness of the therapy?
a. Only the most depressed people seek treatment.
b. Only the least depressed people seek treatment.
c. Six months is too long to wait for improvement.
d. Many people would improve even without treatment.

ANSWER: d

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Chapter 15 Part 1—Abnormal Psychology: Disorders and Treatment
Abnormal Psychology: Disorders and Treatment

168. Which patients with depression are most likely to show clear benefits from antidepressant drugs?
a. People with mild to moderate depression.
b. People with severe depression.
c. People who have had many previous episodes of depression.
d. People who failed to respond to psychotherapy.

ANSWER: b

169. As a therapy for mild to moderate depression, how effective are antidepressant drugs?
a. They produce quick, but temporary, relief from depression in most cases.
b. They produce slow, but permanent, relief from depression in most cases.
c. They relieve an episode of depression, but they make later episodes worse.
d. They are not much better than placebos.

ANSWER: d

170. Why are many researchers skeptical about antidepressant drugs?
a. The benefits are temporary, but the side effects are permanent.
b. The drugs help people with mild depression, but they are less effective for serious cases.
c. The effectiveness of the drugs discourages patients from long-term psychoanalysis.
d. For many or most patients, the drugs are not much better than placebos.

ANSWER: d

171. After a hundred patients with depression failed to respond to psychotherapy, they were given antidepressant drugs, and about one-fourth of them improved in the next few months. What can we conclude from these results, if anything?
a. At least one-fourth of patients respond better to antidepressants than to psychotherapy.
b. Switching from one type of treatment to another is helpful to many patients.
c. Patients should be allowed to choose what type of therapy they want.
d. We can draw none of these conclusions.

ANSWER: d

172. A large number of patients with depression who showed no response to tricyclic antidepressants within three months switched to an SSRI drug, and many of them showed benefits within the next three months. What conclusion, if any, do these results support?
a. Switching drugs is helpful to people who don't respond to the first drug.
b. In general, SSRIs are more effective than tricyclics.
c. Some people respond better to one drug, and others respond better to a different drug.
d. We can draw none of these conclusions.

ANSWER: d

173. A large number of patients with depression who showed no response to tricyclic antidepressants within three months switched to an SSRI drug, and many of them showed benefits within the next three months. Why is it difficult to draw any conclusion from this result?

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a. Three months is too short a time period to evaluate the effectiveness of antidepressants.
b. The researchers should have varied the doses as well as the types of drugs.
c. The researchers should have tested the drugs on people without depression.
d. We need control groups that stayed on one drug for six months, or no drug for six months.

ANSWER: d

174. In treating depression, how is psychotherapy similar to antidepressant drugs?
a. The cost is about the same for both types of treatment.
b. The probability of relapse is the same after either type of treatment.
c. About the same percentage of people benefit from either treatment.
d. The benefits of each type of treatment are well understood theoretically.

ANSWER: c

175. Compared to psychotherapy, antidepressant drugs have what advantage?
a. The benefits are more likely to be long-lasting.
b. They provide benefits to a larger number of people.
c. Their effects are better understood theoretically.
d. They are less expensive.

ANSWER: d

176. Compared to psychotherapy, antidepressant drugs have what disadvantage?
a. They produce effects such as dry mouth and difficulty urinating.
b. They produce their benefits more slowly.
c. They are helpful only to patients with mild to moderate depression.
d. They are more expensive.

ANSWER: a

177. Compared to antidepressant drugs, psychotherapy has what advantage?
a. A much higher percentage of patients show benefits.
b. The benefits are more likely to be long-lasting.
c. The treatment is less expensive.
d. The benefits emerge more rapidly.

ANSWER: b

178. Compared to antidepressant drugs, psychotherapy has what disadvantage?
a. The treatment is more expensive.
b. Significantly fewer patients show benefits.
c. Relief from depression is more temporary.
d. The reasons for benefit are less well understood theoretically.

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ANSWER: a

179. In treating depression, what are the advantages of antidepressant drugs and psychotherapy?
a. The drugs are less expensive. Psychotherapy has more long-lasting benefits.
b. The drugs provide benefits to more people. Psychotherapy produces benefits more rapidly.
c. The drugs produce more long-lasting benefits. Psychotherapy is less expensive.
d. The drugs produce more long-lasting benefits. Psychotherapy provides benefits to more people

ANSWER: a

180. In the treatment of depression, which treatment is more expensive and which produces more lasting benefits?
a. Psychotherapy is more expensive and produces more lasting benefits.
b. Antidepressant drugs are more expensive and produce more lasting benefits.
c. Antidepressant drugs are more expensive. Psychotherapy produces more lasting benefits.
d. Psychotherapy is more expensive. Antidepressant drugs produce more lasting benefits.

ANSWER: a

181. What is the advantage of electroconvulsive therapy (ECT) over other treatments for depression?
a. Attendants with no training can administer ECT.
b. ECT does not require the patient's informed consent.
c. ECT produces more long-lasting benefits than other treatments.
d. ECT produces benefits more rapidly than other treatments.

ANSWER: d

182. What is a major disadvantage of electroconvulsive therapy (ECT) for treating depression?
a. Only a small percentage of patients experience any benefits.
b. The treatment is illegal in almost all countries and states.
c. The benefits are not likely to last more than a few months.
d. The benefits emerge more slowly than they do for other treatments.

ANSWER: c

183. Which treatment for depression produces benefits most quickly and which one produces the most long-lasting benefits?
a. Psychotherapy acts most quickly. Electroconvulsive therapy has the most lasting benefits.
b. Electroconvulsive therapy acts most quickly. Psychotherapy has the most lasting benefits.
c. Antidepressant drugs act most quickly. Electroconvulsive therapy has the most lasting benefits.
d. Psychotherapy acts most quickly. Antidepressant drugs have the most lasting benefits.

ANSWER: b

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184. Eating what type of food apparently decreases the risk of depression?
a. Dairy products
b. Seafood
c. Whole grains
d. Tropical fruits
ANSWER: b

185. Which disorder is less common than average among people who eat much seafood?
a. Sleep apnea
b. Depression
c. Generalized anxiety disorder
d. Schizophrenia
ANSWER: b

186. In bipolar disorder, what conditions alternate with each other?
a. Obsession and compulsion
b. Two personalities, with different names
c. Depression and mania
d. Fear and anger
ANSWER: c

187. How does seasonal affective disorder differ from bipolar disorder?
a. People with seasonal affective disorder have thought disorders resembling schizophrenia.
b. Seasonal affective disorder is equally common in all parts of the world.
c. Seasonal affective disorder depends on the time of year.
d. Seasonal affective disorder alternates between depression and mania.
ANSWER: c

188. What is a common therapy for bipolar disorder?
a. Electroconvulsive therapy
b. L-dopa
c. Antabuse
d. Lithium salts
ANSWER: d

189. Which condition is often treated with lithium salts and anticonvulsant drugs?
a. Panic disorder
b. Obsessive-compulsive disorder
c. Bipolar disorder

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d. Parkinson's disease

ANSWER: c

190. What was the original meaning of the term *schizophrenia*?
a. Alternation between depression and mania
b. Alternation between two or more personalities
c. A tendency toward uncontrollable violent behavior
d. A separation between the intellect and the emotions

ANSWER: d

191. Which symptom do all people with schizophrenia show?
a. Alternation between two or more personalities
b. Hallucinations
c. Deterioration of daily activities
d. Outbursts of violent behavior

ANSWER: c

192. Which of the following is NOT one of the symptoms of schizophrenia?
a. Hallucinations
b. Alternation between personalities
c. Loss of social behaviors
d. Loss of emotional responses

ANSWER: b

193. What is meant by "positive" symptoms of schizophrenia?
a. Symptoms that must be present in every patient, in order to fit the diagnosis
b. Symptoms that are described by the presence of some behavior
c. Symptoms that are favorable in some way
d. Symptoms that indicate that the condition is growing more severe

ANSWER: b

194. What is meant by "negative" symptoms of schizophrenia?
a. Symptoms that are described by the absence of some behavior
b. Symptoms that are harmful to the person
c. Symptoms that are unnecessary for a diagnosis of schizophrenia
d. Symptoms that indicate that the condition is growing more severe

ANSWER: a

195. Which of these is a "positive" symptom of schizophrenia?

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a. Hallucinations
b. Alternation between personalities
c. Lack of emotional expression
d. Lack of social interaction

ANSWER: a

196. Which of these is a "negative" symptom of schizophrenia?
a. Delusions
b. Thought disorder
c. Lack of emotional expression
d. Alternation between personalities

ANSWER: c

197. What is the difference between a hallucination and a delusion?
a. A hallucination is a false perception. A delusion is a false belief.
b. A hallucination is a false belief. A delusion is a false perception.
c. A hallucination is a repetitive thought. A delusion is a repetitive action.
d. A hallucination is a repetitive action. A delusion is a repetitive thought.

ANSWER: a

198. What does it mean if once or twice you heard a voice when you were alone?
a. You are starting to develop paranoid schizophrenia.
b. You are starting to develop schizophrenia, but not necessarily the paranoid type.
c. You are starting to develop obsessive-compulsive disorder.
d. Relax. Many normal people have heard a voice one or more times.

ANSWER: d

199. What is a "delusion of reference"?
a. A false belief that enemies are persecuting you
b. A false belief that you are unusually important
c. Seeing personal messages where none was intended for you
d. A false belief that everyone is staring at you

ANSWER: c

200. What is a "delusion of grandeur"?
a. A false belief that enemies are persecuting you
b. A false belief that you are unusually important
c. Seeing personal messages where none was intended for you
d. A false belief that the world is about to come to an end

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ANSWER: b

201. Many people with schizophrenia show which of these thought disorders?
    a. Lack of confidence in their own episodic memories
    b. Alternation between two personalities
    c. Incoherent, distracted speech
    d. Strong tendency to show the cognitive dissonance effect

ANSWER: c

202. People with schizophrenia are LEAST likely to show which of these problems?
    a. Incoherent, distracted speech
    b. Over literal interpretations of sayings and proverbs
    c. Tendency to doubt their own memories
    d. Difficulty shifting from one rule to another

ANSWER: c

203. Which of these disorders is the least common?
    a. Anxiety disorders
    b. Substance abuse
    c. Schizophrenia
    d. Major depression

ANSWER: c

204. What is the usual age for a first diagnosis of schizophrenia?
    a. Childhood
    b. Early teenage
    c. Young adults in their 20s
    d. Middle-aged people from about 35 to 50

ANSWER: c

205. Which disorders are more common in males than in females?
    a. Anxiety disorders, depression, and substance abuse
    b. Schizophrenia, depression, and substance abuse
    c. Autism, anxiety disorders, and depression
    d. Schizophrenia, autism, and substance abuse

ANSWER: d

206. The idea that schizophrenia has a genetic basis depends mainly on what type of evidence?
    a. Examination of the chromosomes of people with and without schizophrenia
    b. Longitudinal studies of behavior change in people with schizophrenia

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c. Studies of twins and adopted children
d. Studies of the prevalence of schizophrenia in different cultures

ANSWER: c

207. What is the relationship between schizophrenia and genetics?
a. A dominant gene is responsible for most cases of schizophrenia.
b. A recessive gene is responsible for most cases of schizophrenia.
c. Many genes have a small effect, but no common gene has a large effect.
d. Schizophrenia does not have a genetic basis at all.

ANSWER: d

208. What is a "copy number variant" in genetics?
a. A gene that controls the number of neurons in the brain
b. A deletion or duplication of part of a chromosome
c. A cell that has more than one nucleus
d. A gene that controls the number of RNA molecules to be produced

ANSWER: b

209. Which of these is a promising hypothesis about the hereditary basis of schizophrenia?
a. A recessive gene on the X chromosome leads to many cases of schizophrenia.
b. Schizophrenia depends on a combination of one dominant and one recessive gene.
c. The genes responsible for schizophrenia in women differ from those in men.
d. Copy number variants lead to many cases of schizophrenia.

ANSWER: d

210. The neurodevelopmental hypothesis emphasizes the importance of events in which time of life?
a. Prenatal development
b. The preschool era
c. Childhood between about ages 6 to 10
d. Adolescence

ANSWER: a

211. What causes schizophrenia, according to the neurodevelopmental hypothesis?
a. A chaotic or abusive social environment during childhood
b. Concussions or other blows to the brain in late childhood or early adolescence
c. Gradual deterioration of synapses, beginning in early adulthood
d. Impairments in the early development of the nervous system

ANSWER: d

212. Which of these is evidence in favor of the neurodevelopmental hypothesis of schizophrenia?
a. More people show good recovery from schizophrenia now than several decades ago.

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b. Schizophrenia is more likely if your mother was sick or malnourished during pregnancy.
c. Drugs that block dopamine synapses are helpful for many people with schizophrenia.
d. Many people with schizophrenia abuse drugs that impair brain functioning.

ANSWER: b

213. Which is sometimes caused or aggravated by a mother's illness or malnutrition during pregnancy?
a. Sleep apnea
b. Schizophrenia
c. Anorexia nervosa
d. Parkinson's disease

ANSWER: b

214. Which disorder is slightly more common among people born in winter?
a. Panic disorder
b. Schizophrenia
c. Major depression
d. Substance abuse

ANSWER: b

215. Schizophrenia is slightly more common than average for which of these types of people?
a. People born in winter or early spring
b. People who live in rural areas
c. Men with an older brother
d. People who live in countries near the equator

ANSWER: a

216. Where does the season-of-birth effect for schizophrenia mostly occur?
a. For people whose diet includes much seafood
b. For people living in collectivist cultures
c. For people living in northern climates
d. For people who live in rural areas

ANSWER: c

217. How does the neurodevelopmental hypothesis explain the difficulty of locating a gene for schizophrenia?
a. The gene or genes for schizophrenia do not affect behavior until early adulthood.
b. The gene sometimes appears on one chromosome, and sometimes another.
c. The gene exerts its effects in different ways for different people.
d. Schizophrenia can result from prenatal environment instead of genetics.

ANSWER: d

218. Which brain abnormality is common among people with schizophrenia, compared to average?

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a. Smaller neurons and fewer synapses in the prefrontal cortex
b. Slower conduction of action potentials in the amygdala and hippocampus
c. Lower concentrations of the neurotransmitter dopamine in several brain areas
d. Smaller ventricles in the two cerebral hemispheres

ANSWER: a

219. Why is it difficult to interpret results showing brain abnormalities in people with schizophrenia?
a. Most of the abnormalities are in brain areas with functions that are currently unknown.
b. Some of the abnormalities appear to have been present since an early age.
c. Many people with schizophrenia abuse drugs that could affect the brain.
d. The abnormalities include the structures of both neurons and synapses.

ANSWER: c

220. Which term refers to the drugs that can relieve schizophrenia?
a. Anxiolytics
b. Anticonvulsants
c. Antidepressants
d. Antipsychotics

ANSWER: d

221. Which of the following does a typical antipsychotic drug do?
a. It increases the flow of blood to the brain.
b. It increases the release of dopamine in the brain.
c. It blocks reuptake of serotonin and norepinephrine in the brain.
d. It blocks dopamine synapses in the brain.

ANSWER: d

222. Which neurotransmitter does a typical antipsychotic drug block?
a. Serotonin
b. Dopamine
c. Glutamate
d. Ocytocin

ANSWER: b

223. The dopamine hypothesis of schizophrenia emphasizes what as the cause of schizophrenia?

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a. Excessive release of dopamine in certain brain areas
b. Inadequate release of dopamine in certain brain areas
c. Inadequate number of dopamine receptors in certain brain areas
d. Accumulation of dopamine metabolites in the cerebrospinal fluid

ANSWER: a

224. Which of these is evidence to support the dopamine hypothesis of schizophrenia?
a. Many people with schizophrenia have smaller than average neurons in the frontal cortex.
b. Antipsychotic drugs produce side effects, including tardive dyskinesia.
c. People born in the winter months have a slightly increased probability of schizophrenia.
d. Large doses of cocaine or amphetamine can induce hallucinations and delusions.

ANSWER: d

225. What symptom can large doses of amphetamine or cocaine produce?
a. Insensitivity to pain
b. Loss of facial expressions of emotion
c. Obsessions and compulsions
d. Hallucinations and delusions

ANSWER: d

226. What is an alternative to the dopamine hypothesis of schizophrenia?
a. Smaller than average ventricles
b. Inability to metabolize acetaldehyde into acetic acid
c. Inability to metabolize phenylalanine
d. Deficient release of glutamate

ANSWER: d

227. Tardive dyskinesia refers to what symptoms?
a. Tremors and involuntary movements
b. Hallucinations and delusions
c. Decreased hunger, thirst, and sexual motivation
d. Difficulties with memory and planning

ANSWER: a

228. Which of these is an advantage of atypical ("second-generation") antipsychotic drugs?
a. They have less risk of producing tardive dyskinesia.
b. They do not impair the immune system.
c. They can be purchased without a prescription.

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d. They produce their benefits more rapidly, with smaller doses.

ANSWER: a

229. Atypical antipsychotic drugs" have what advantage over first-generation antipsychotic drugs?
a. They provide benefits for both positive and negative symptoms.
b. They can be purchased without a prescription
c. They do not produce any side effects.
d. They produce their benefits within an hour of taking the drug.

ANSWER: a

230. Which disorder is generally detected during infancy or early childhood?
a. Autism spectrum disorder
b. Panic disorder
c. Generalized anxiety disorder
d. Bipolar disorder

ANSWER: a

231. The typical symptoms of autism do NOT include which one of the following?
a. Increased sensitivity to pain
b. Stereotyped behaviors
c. Impaired communication
d. Impaired social relationships

ANSWER: a

232. Which of these is a NEGATIVE symptom of autism?
a. Stereotyped behaviors
b. Impaired communication
c. Hallucinations
d. Delusions

ANSWER: b

233. What is typical of the intellect of many people with autism?
a. Prolonged, narrow focus on one item
b. Nearly equal performance on all types of tasks
c. Failure to form semantic memories
d. Strong tendency to conform to the opinions of others

ANSWER: a

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234. What evidence suggests a genetic basis for autism?
a. Most parents with autism have children with autism.
b. A gene has been located that is present in most people with autism.
c. If one dizygotic twin has autism, the chance is high that the other twin does also.
d. If one monozygotic twin has autism, the chance is high that the other twin does also.

ANSWER: d

235. In addition to genetics, what else appears to cause autism?
a. Food allergies
b. Frequent interruptions of sleep
c. Cold, distant, or inconsistent parents
d. Problems in the prenatal environment

ANSWER: d

236. Which of these abnormalities has been found in many people with autism?
a. Increased sensitivity to pain
b. Almost constant dizziness
c. Larger than average heads and brains
d. Unusually frequent eye movements

ANSWER: c

237. Psychiatry and psychology have changed in which of these ways since the mid-1900s?
a. Fewer and less precise diagnoses of mental disorders
b. More emphasis on empirically supported treatments
c. More reliance on the methods and theories of Sigmund Freud
d. On average, more treatment sessions per client

ANSWER: b

238. Which of these has been a trend in psychiatry from the mid-1900s until today?
a. Greater reliance on the theories of Sigmund Freud
b. Larger number of possible diagnoses, more precisely described
c. Greater use of confining patients to large mental hospitals
d. More use of talk therapies, and less use of medications

ANSWER: b

239. Why has psychotherapy moved toward more diagnoses, more research, and briefer treatments?
a. Laws passed by the U.S. government
b. Pressure from health insurance companies
c. Increases in the number of undergraduates studying psychology
d. Pressure from a labor union that represents psychiatrists

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ANSWER: b

240. What has been one reason why psychiatrists have sought "empirically supported treatments"?
a. An increasing percentage of psychiatrists work in universities instead of clinics.
b. Health insurance will not pay for untested treatments.
c. Therapists can use empirically supported treatments with less education and training.
d. Empirically supported treatments can be applied without asking for informed consent.

ANSWER: b

241. Compared to the mid-1900s, how is psychotherapy different today?
a. Therapists are less likely to attempt to make a specific diagnosis.
b. Health insurance pays the cost for a high percentage of clients.
c. Therapy concentrates on talk, without use of antidepressants or other drugs.
d. Therapy is likely to last for more sessions.

ANSWER: b

242. What is distinctive about psychodynamic therapies?
a. They set specific behavioral goals and vary the techniques until they achieve them.
b. They seek to understand conflicting, sometimes unconscious motives.
c. They provide unconditional positive regard while clients seek to help their own problems.
d. They seek to solve a client's problems as quickly as possible.

ANSWER: b

243. Which therapy concentrates on understanding people's conflicting, unconscious impulses?
a. Behavior therapy
b. Psychodynamic therapy
c. Pharmacotherapy
d. Person-centered therapy

ANSWER: b

244. What is the main goal of psychoanalysis?
a. To change people's interpretations of events to something more favorable
b. To bring unconscious thoughts and emotions to consciousness
c. To provide unconditional positive regard while people solve their own problems
d. To change specific actions and habits through positive reinforcement

ANSWER: b

245. What does a psychotherapy client do during "free association"?
a. Try to make friends with strangers

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b. Say everything that comes to mind
c. Try to describe important memories
d. Draw pictures to represent emotions

ANSWER: b

246. Which of the following is NOT a common part of psychoanalysis?
a. Dream analysis
b. Positive reinforcement
c. Free association
d. Transference

ANSWER: b

247. In psychoanalysis, what does "transference" mean?
a. Advancing from one stage of psychosexual development to another
b. Moving unpleasant thoughts or motives into your unconscious
c. Reacting to your therapist as you would toward your parents
d. Attributing your unpleasant attributes to other people

ANSWER: c

248. What is the main goal of behavior therapy?
a. To change people's interpretations of events to something more favorable
b. To bring unconscious thoughts and emotions to consciousness
c. To provide unconditional positive regard while people solve their own problems
d. To change specific actions and habits through positive reinforcement

ANSWER: d

249. What does behavior therapy emphasize more than many other types of therapy do?
a. Setting specific goals
b. Unconditional positive regard
c. Probing the unconscious mind
d. Treating a client in the context of the whole family

ANSWER: a

250. What is a major difference between behavior therapists and psychoanalysts?
a. Behavior therapists try to change behavior without interpreting hidden meanings.
b. Behavior therapists try to understand the physiological basis of behavior.
c. Behavior therapists deal with the behavior of a family more than any individual.
d. Behavior therapists encourage clients to interpret the meanings of their behavior.

ANSWER: a

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251. Which type of psychotherapy sets clear goals and tries to achieve them through new learning?
a. Humanistic therapy
b. Psychoanalysis
c. Psychodynamic therapy
d. Behavior therapy
ANSWER: d

252. Exposure therapy for phobia or obsessive-compulsive disorder is an example of which psychotherapy?
a. Psychodynamic therapy
b. Humanistic therapy
c. Eclectic therapy
d. Behavior therapy
ANSWER: d

253. What is the most effective treatment for bed-wetting?
a. Humanistic therapy based on unconditional positive regard
b. Probing the unconscious motives behind wetting the bed
c. Cognitive therapy to reinterpret the situation
d. Conditioning the child to awaken when the bladder is full
ANSWER: d

254. In classical conditioning to stop bed-wetting, what are the conditioned stimulus (CS) and the conditioned response (CR)?
a. The CS is a vibration that wakens the child. The CR is waking up.
b. The CS is the sensation of a full bladder. The CR is wetting the bed.
c. The CS is the sensation of a full bladder. The CR is a vibration that wakens the child.
d. The CS is the sensation of a full bladder. The CR is waking up.
ANSWER: d

255. In classical conditioning to stop bed-wetting, what are the conditioned stimulus (CS) and the unconditioned stimulus (UCS)?
a. The CS is a vibration that wakens the child. The UCS is waking up.
b. The CS is the sensation of a full bladder. The UCS is wetting the bed.
c. The CS is the sensation of a full bladder. The UCS is a vibration that wakens the child.
d. The CS is the sensation of a full bladder. The UCS is waking up.
ANSWER: c

256. In classical conditioning to stop bed-wetting, what are the unconditioned stimulus (UCS) and the unconditioned response (UCR)?
a. The UCS is a vibration that wakens the child. The UCR is waking up.

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b. The UCS is the sensation of a full bladder. The UCR is wetting the bed.
c. The UCS is the sensation of a full bladder. The UCR is a vibration that wakens the child.
d. The UCS is the sensation of a full bladder. The UCR is waking up.

ANSWER: a

257. In classical conditioning to stop bed-wetting, the conditioned stimulus is the sensation of a full bladder. What is the conditioned response?
a. Waking up
b. Wetting the bed
c. A vibration that wakens the child
d. Praise for not wetting the bed

ANSWER: a

258. Of the following, which therapy is LEAST concerned with people's emotions?
a. Behavior therapy
b. Cognitive therapy
c. Psychoanalysis
d. Humanistic therapy

ANSWER: a

259. Which type of therapy focuses more on what people do than what they think?
a. Behavior therapy
b. Psychoanalysis
c. Cognitive therapy
d. Person-centered therapy

ANSWER: a

260. Which therapy concentrates on changing people's interpretation of events?
a. Behavior therapy
b. Cognitive therapy
c. Psychodynamic therapy
d. Person-centered therapy

ANSWER: b

261. What do cognitive therapists try to get their clients to change?
a. Their defense mechanisms against anxiety
b. Their education and job preparation
c. Specific habits

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d. How they interpret events of life

ANSWER: d

262. Which therapy concentrates on listening with unconditional positive regard?
a. Behavior therapy
b. Cognitive therapy
c. Psychodynamic therapy
d. Person-centered therapy

ANSWER: d

263. What is the role of the therapist in person-centered therapy?
a. To help the client gain access to unconscious thoughts and motives
b. To help the client achieve specific goals through new learning
c. To help the client learn to interpret life events more realistically
d. To listen with unconditional positive regard

ANSWER: d

264. What is distinctive about person-centered therapy, compared to other therapies?
a. The therapist asks the client what the dreams and other experiences really mean.
b. The therapist almost never offers interpretations or advice.
c. The therapist provides positive reinforcement as the client achieves specific goals.
d. The therapist combines many personality theories, including those of Jung and Adler.

ANSWER: b

265. In which therapy does a therapist say little but allow people to explore their own problems?
a. Psychoanalysis
b. Behavior therapy
c. Person-centered therapy
d. Cognitive therapy

ANSWER: c

266. What is distinctive about an "eclectic" therapist?
a. The therapist combines several methods or approaches.
b. The therapist concentrates on family relationships and communication.
c. The therapist relies mostly on medical interventions.
d. The therapist is equally concerned with changing a behavior and understanding its causes.

ANSWER: a

267. Which term applies to a therapist who uses a combination of methods and approaches?
a. Family systems

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therapist
b. Group therapist
c. Eclectic therapist
d. Cognitive therapist

ANSWER: c

268. On average, which type of psychotherapy is least expensive?
a. Group therapy
b. Psychoanalysis
c. Family systems therapy
d. Cognitive-behavior therapy

ANSWER: a

269. How does a self-help group differ from group therapy?
a. A self-help group includes members with a greater variety of problems or disorders.
b. A self-help group has a firm deadline for achieving results.
c. A self-help group does not include a therapist.
d. A self-help group does not deal with DSM disorders.

ANSWER: c

270. What is meant by "spontaneous remission"?
a. Gaining access to an unconscious thought or emotion
b. An experience that someone considers spiritually meaningful
c. A sudden onset of a disorderc
d. Improvement without therapy

ANSWER: d

271. If most people who undergo therapy feel improved several months later, why can we not conclude that the therapy was effective?
a. Not everyone showed improvement.
b. The improvement might not be permanent.
c. People needed months of therapy before they felt improved.
d. Many people can improve without therapy.

ANSWER: d

272. If more than half of patients with depression show improvement after six months of therapy, what conclusion, if any, can we draw? If none, why not?
a. We conclude that the therapy was effective for most of the patients.
b. We conclude that the therapy was effective for some of the patients.
c. We draw no conclusion, because patients with depression are different from other

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people.

d. We draw no conclusion, because the study had no control group.

ANSWER: d

273. What is the best way to evaluate the effectiveness of psychotherapy?

a. Compare people who entered psychotherapy versus those who chose not to.

b. Randomly assign people to therapy or a waiting group.

c. Evaluate clients before and after therapy, by their self-evaluations.

d. Evaluate clients before and after therapy, by the therapist's evaluations.

ANSWER: b

274. What happens in a meta-analysis?

a. More than one psychoanalyst treats the same person.

b. Several people serve as one another's therapist.

c. Someone compares experimental results to the predicted results.

d. Someone combines the results of many experiments.

ANSWER: d

275. According to 475 experiments, how much does the average psychotherapy client improve?

a. Less than the average person receiving no treatment at all

b. About the same as the average person receiving no treatment at all

c. More than about 80 percent of people receiving no treatment at all

d. More than almost all of the people who did not receive treatment

ANSWER: c

276. What is the result from studies comparing various forms of psychotherapy?

a. Person-centered therapy is the most effective for improving quality of life.

b. Behavior therapy is the most effective for improving quality of life.

c. Psychoanalysis is the most effective for improving quality of life.

d. Many types of therapy produce about equal benefits for quality of life.

ANSWER: d

277. Which type of therapy, if any, produces the greatest improvement in quality of life?

a. Psychoanalysis does.

b. Cognitive therapy does.

c. Person-centered therapy does.

d. All the common types are about equal.

ANSWER: d

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278. What do nearly all types of psychotherapy have in common?
   a. The goal is to change behavior more than to change thinking.
   b. The therapist attempts to interpret the client's unconscious thoughts and motives.
   c. The treatment is based on principles of operant and classical conditioning.
   d. The therapist and client form a caring relationship.

ANSWER: d

279. What do nearly all types of psychotherapy have in common?
   a. The therapist uses positive reinforcement to help achieve specific goals.
   b. Clients honestly discuss their emotions and problems.
   c. The therapist helps the client bring unconscious thoughts to consciousness.
   d. The therapist listens with unconditional positive regard.

ANSWER: b

280. What do nearly all types of psychotherapy have in common?
   a. Clients make a commitment to making changes in their lives.
   b. The therapist helps the client reinterpret life events in a more realistic way.
   c. The therapist applies principles of reinforcement to change specific behaviors.
   d. The sessions focus on exploring repressed memories.

ANSWER: a

281. Why did Alan Kazdin recommend more psychotherapy by Internet or computer programs?
   a. Today's generation of people feel more comfortable talking to machines than to people.
   b. We shall never have enough therapists to treat everyone who needs it.
   c. Machines respond faster than any human therapist could.
   d. Psychotherapy by computer could take place while people are driving to work.

ANSWER: b

282. What is meant by a "selective" program for preventing mental illness?
   a. It pertains to everyone in the population.
   b. It pertains to people who appear to be at risk for a problem.
   c. It identifies problems and stops them from getting worse.
   d. It is available to those people who decide they want it.

ANSWER: b

283. What do community psychologists do?
   a. They train the people who work in mental hospitals.
   b. They provide free mental health care to everyone living in a certain neighborhood.

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c. They conduct research to compare behavior of different cultures.
d. They help people change their environment to improve mental health.

ANSWER: d

284. What has research shown about programs to prevent mental illness?
a. Prevention programs based on personality theories are highly successful.
b. Many programs that sound good are ineffective or harmful.
c. Prevention programs are too expensive.
d. Nearly all the effective prevention programs are brief.

ANSWER: b

285. What is deinstitutionalization?
a. Decreasing anxiety by distraction
b. Removal of patients from mental hospitals
c. Practicing psychotherapy without a license
d. A complete mental breakdown

ANSWER: b

286. What was the reason for deinstitutionalization?
a. Mental patients should pay for their treatment.
b. Mental patients do better with less restrictive care.
c. Mental patients should be treated the same as people with physical illness.
d. Mental patients should provide treatment for one another.

ANSWER: b

287. Why were most mental patients released from mental hospitals in the 1950s?
a. Improved psychotherapy cured patients previously considered incurable.
b. Most patients recover better in a less restrictive environment.
c. Governments could no longer afford to pay for mental hospitals.
d. Governments needed the mental hospital buildings to use them as prisons.

ANSWER: b

288. What has been a trend in the treatment of mental patients, since the 1950s?
a. Therapists rely more heavily on Freud's theories and methods.
b. Fewer patients spend much time in mental hospitals.
c. More psychiatrists talk with their patients instead of prescribing drugs.
d. More people have been ruled to be legally insane.

ANSWER: b

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Chapter 15 Part 1—Abnormal Psychology: Disorders and Treatment
Abnormal Psychology: Disorders and Treatment

289. According to the Tarasoff ruling, what should a therapist do if a client threatens to attack someone?
a. Maintain the client's statement in complete confidentiality.
b. Commit the client to a mental hospital.
c. Warn the person who was threatened.
d. Report the incident to the police.
ANSWER: c

290. If you are a therapist and your client threatens to kill someone, what should you do?
a. Warn the threatened person.
b. Report the incident to the police.
c. Maintain client-therapist confidentiality.
d. Keep the client until he/she promises not to carry out the threat.
ANSWER: a

291. The M'Naghten rule pertains to which decision?
a. Whether a patient is ready for release from a mental hospital
b. Whether someone's threatening statement is worth taking seriously
c. Whether the evidence is sufficient to say that a treatment has become "empirically supported"
d. Whether a defendant is not guilty by reason of insanity
ANSWER: d

292. According to the M'Naghten rule, what qualifies someone as "not guilty by reason of insanity"?
a. The accused had been diagnosed with a disorder listed in DSM.
b. The accused had been committed to a mental hospital.
c. The crime was so bizarre that a normal person could not have committed it.
d. The accused did not understand what he/she was doing.
ANSWER: d

293. Why did courts consider Jeffrey Dahmer NOT insane, even though he murdered and ate people?
a. Dahmer had not been diagnosed with schizophrenia.
b. Dahmer had refused to see a psychiatrist.
c. Dahmer did not remember committing these acts.
d. Dahmer had understood what he was doing.
ANSWER: d

294. In most cases, what happens when a criminal defendant is found to be insane?
a. The defendant spends one year in prison anyway.
b. The defendant goes free, but must continue to see a

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psychiatrist.

c. The defendant is committed to a mental hospital.

d. The defendant goes free, with no restrictions.

ANSWER: c

295. If a patient escapes from a mental hospital and commits a murder, according to the M'Naghten rule, will this person be not guilty by reason of insanity?

a. The person is not guilty if he/she committed the act without understanding what was happening.

b. The person is not guilty only if the crime was so bizarre that a normal person would not have done it.

c. Yes. Anyone who was in a mental hospital is insane, by definition.

d. No. Anyone capable of escaping is considered to be sane.

ANSWER: a

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